BROADWAY HOLLYWOOD SUBMITTAL CHECKLIST:

Submittal Package: In order to expedite the approval process, the Submittal Package

vements (other than patio furnishings and window coverings) must include
Remodeling Application
Plans and specifications showing the location, nature, kind, shape, height, weight and materials, including the color and any other requirements set forth in the Architectural Guidelines ("Plans and Specifications"), clearly indicating all proposed modifications (one (1) set of each plan sheet)
Floor plans, if an Owner is requesting permission to remove or relocate a wall
Description of materials and colors
A proposed construction schedule (including proposed start and completion dates)
Certificates of insurance (including contractors exclusions and proof of valid workers compensation insurance). The Association shall be named as an additional insured on the Certificates of Insurance for the period of time the work is in progress. Article VIII, Section 8.5.5 of the CC&R's.
Permits and licenses, if applicable
Names, addresses and phone numbers of all contractor's and subcontractors who will work on the project.

Note: At this time the Board of Directors has decided not to collect the \$1,000 security deposit as stipulated in the Residential Handbook.

PLEASE REVIEW THE ARCHITECTURAL GUIDELINES FOR ANY ADDITIONAL REQUIREMENTS OR INFORMATION.

The Architectural Committee will not be able to review your application unless all required plans, forms and information for your proposed Improvement(s) are included in your Submittal Package.

BROADWAY HOLLYWOOD HOMEOWNERS ASSOCIATION REMODELING APPLICATION

RETURN FORM TO:

Broadway Hollywood Homeowners Association c/o The Management Office 1645 Vine Street Los Angeles, CA 90028

Date:		Unit #:
Name of Owner(s):	(1)	
	(2)	
Current Mailing Addr	ress(es):	
(1)		(2)
Home phone:		Home phone:
Work phone:		Work phone:
Cell phone:		Cell phone:
Email:		Email:
Please provide the fo	ollowing:	
Name and company	name of general cor	ntractor:
Phone numbers:	· · · · · · · · · · · · · · · · · · ·	
State License Numb	er:	
Name and company	name of designer:	
Phone numbers:		

Name of other important contacts for this Project and phone numbers:					
Detailed description of proposed improve					
Proposed Start Date:					
Estimated Date of Completion:					
Owner's Signature:					
(1)	(2)				
Date:	Date:				
	FICE USE ONLY				
Date Received:					
Date Approved:					
Date Letter of Approval Sent:					
Insurance Received for Contractor:	⊨xpirat	ion Dates:			